PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10822706

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		COIL	(Columniz)				OR 7	,		
TOTAL CLAIMS			/3				ļ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	SER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/3 minus 20=		• 0		l	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		• 0			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0" in co			column 2	L	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								'		•	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AINA			X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
·								TOTAL DDIT. FEE		OR	TOTAL		
(Column 1) (Column 2) (Column 3)									-		ADDIT. FEE		
		CLAIMS		HIGH		(Coldinit 3)	Г		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLADA	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL	· ·	OR	TOTAL ADDIT. FEE		
ADDIT. FEE											NDDII. FEEL		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	İ	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	n 20, enter "20."	· AE	DDIT. FEE		OR ,	TOTAL ODIT. FEE	·	
		ber Previously Paid					foun	d in the app	ropriate box	in col	umn 1.		